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Request 09/485,245-Conf. #1697 Application Number for March 27, 2000 Filing Date Continued Examination (RCE) **Transmittal** Alison Hopkins First Named Inventor Address to: MS RCE Art Unit 1637 Commissioner for Patents P.O. Box 1450 C. B. Wilder **Examiner Name** Alexandria, VA 22313-1450 28911/36128 Attorney Docket Number

	or Continued Examination (RCE) under 37 CFR 1.114 of the december of the Examination (RCE) practice under 37 CFR 1.114 does not apply sign application.							
amendments e	required under 37 CFR 1.114 Note: If the RCE is proper, an inclosed with the RCE will be entered in the order in which they we not wish to have any previously filed unentered amendment(s) ent	re filed u	nless applica	ant instructs otherwise. If				
	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
i. 💌 C	X Consider the arguments in the Appeal Brief or Reply Brief previously filed on December 13, 2004							
ii. 💌 C	X Other Decision on Appeal mailed September 18, 2006							
b. x Enclo	osed							
i. X	nmendment/Reply iii. Information [Disclosu	re Stateme	ent (IDS)				
ii. 🔲 A	Affidavit(s)/Declaration(s) iv. Other							
2. Miscellaneo	us							
·	ension of action on the above-identified application is required of months. (Period of suspension shall not exc							
b. Othe								
3. Fees The	RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 w	hen the	RCE is filed	l.				
	a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 13-2855 . I have enclosed a duplicate copy of this sheet.							
i. X F								
ii. 🔲 E								
	Other							
	k in the amount of \$ 790.00 enclose	sed						
c. Payment by credit card (Form PTO-2038 enclosed)								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Signature	lly & sly	Date	Novemb	per 17, 2006				
Name (Print/Type)	Jeffrey S. Sharp	Registra	ation No.	31,879				

		g attached or enclosed) is being deposited with the U.S. Postal Service on invelope addressed to: MS RCE, Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450.	/	'll
Dated: November 17, 2006	Signature:	(Jeffrey S. Sharp)

PTO/SB/17 (07-06)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 09/485,245-Conf. #1697				
								
FEE TRANSMITTAL			 		March 27, 2000			
For FY 2006					Alison Hopkins C. B. Wilder			
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Applicant claims sma			,	Attorne		1637		
TOTAL AMOUNT OF PA	YMENT	(\$) 790.00		Attorney Docket	8911/36128			
METHOD OF PAYMEN	IT (check all	that apply)						
X Check Credit	Card 1	Money Order	No	ne Other (please identi	fy):		
Deposit Account Dep	osit Account Num	_{ber:} 13-2855 c	Deposit Acc	count Name: M.	ARSHALL	, GERSTEIN	& BORUN	LLP
For the above-iden	tified deposit	account, the D	irector is	hereby authorize	d to: (checl	k all that apply)	
Charge fee(s) indicated be	low		Charge	e fee(s) indi	icated below, e	except for th	e filing fee
	additional fee(37 CFR 1.16	s) or underpay	ments o	f x Credit	any overpa	yments		
FEE CALCULATION	0. 0							
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEE	ES					
	FILIN	IG FEES	SE	ARCH FEES	EXAMIN	ATION FEES	3	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100	10001	<u> </u>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	200	100	Ü	Ŭ	v	ŭ		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (include	ling Reissues)					50	25
Each independent claim ov	er 3 (includir	ng Reissues)					200	100
Multiple dependent claims	i						360	180
Total Claims Extra	Claims F	Fee (\$)	Fee I	Paid (\$)	Multiple Dependent Claims			
	x				<u>Fee</u>	<u>: (\$)</u>	Fee Paid (\$)
HP = highest number of total cla			F 1	S_: J (#)				_
Indep. Claims Extra	Claims F	= (\$) =	ree i	Paid (\$)				
HP = highest number of indeper		for, if greater than	n 3.					
3. APPLICATION SIZE FE	E	-						
If the specification and dr	rawings excee	ed 100 sheets o	f paper	(excluding electro	onically file	ed sequence or	computer	
listings under 37 CFR					or small en	tity) for each a	dditional 50	
sheets or fraction there								
	xtra Sheets			dditional 50 or frac			<u>ree r</u>	<u>'aid (\$)</u>
4. OTHER FEE(S)		/50		(round up to a who	e number) x		- Eoos I	Paid (\$)
Non-English Specificat	ion. \$130 fe	e (no small ent	ity disc	ount)			1 663 1	aid (\$)
Other (e.g., late filing s	•	•	-	•	ion (RCE)	(see 37	79	0.00
SUBMITTED BY								
Signature	2 Stu			Registration No. (Attorney/Agent)	31,879	Telephone	(312) 474	-6300
Name (Print/Type) Jeffrey S	Sharp					Date	November	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 17, 2006

Signature:

__ (Jeffrey S. Sharp)